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# CHOLERA.

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## PRACTICAL OBSERVATIONS

ON A

## SUCCESSFUL METHOD OF TREATING CHOLERA.

BY

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# PRACTICAL OBSERVATIONS,

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THE population of the town of Rathkeale has been pretty stationary for several years. At the last Census it numbered about 5000; that of the whole parish, including the town, about 8000.

During the visitation of cholera in 1832, upwards of 1200 individuals of that population, in the town and parish, were attacked with that disease; of those nearly 1000 came under medical treatment in the cholera hospital; the remainder either concealed their illness, or (being in comfortable circumstances) obtained medical treatment at their own houses. Of the whole 1200 seized with the disease over 500 perished. The continuance of the cholera was about three months. During that time, I either employed myself, or saw employed by my colleagues, every method of treatment, from Ponsonby's drops up to saline injection of the veins, that had ever been recommended, and that presented the least prospect of advantage; but with what effect, the result is a melancholy evidence.

In the treatment of these 1200 cases of cholera, I saw enough to convince me that when once the dejections have assumed the rice-water character, there is no other remedy than calomel to be relied on for conquering that malady. Opium, aromatics, vegetable astringents, metallic astringents, as commonly employed, are utterly worthless. But it is unnecessary to insist on the value of calomel in cholera, seeing that it is so generally admitted. It, however, is deficient in this, that its action is not immediate. It does not act by its local application to a part of the mucous surface, but must be absorbed, and act through the system at large, as is evident from this, that before its good effects are established with certainty, the liver begins to pour out dark, semi-consistent biliary matter, proving that the action of calomel is on the liver, to cause it to deplete the system of the poison of cho-

lera. For this there is no substitute for calomel; it is the only and the sufficient remedy, but it requires time, and, if the circumstances of the patient are such as that the evacuations are rapid and profuse, or that medical aid is not sought for till there be wanting only one or two discharges to drain the system of the last portion of its vital fluids, or if these fluids be already exhausted, then there is not time for it to act, it cannot restore the abstracted constituents to the blood, and the patient perishes.

Among the various remedies hastily tried, and as hastily abandoned, during the prevalence of cholera in 1831 and 1832, were stimulant and astringent enemata. One of these was composed of sulphate of copper, sulphate of zinc, and alum; one scruple of each dissolved in two ounces of cold water. It is evident that this was not employed with any successful effect; for it was scarcely suggested when it fell into disuse, and was forgotten, no mention of it having ever been made by any of the numerous writers who since have written on cholera. I was led to employ it late in the epidemic, which abated before I had time for sufficient experience; but what I saw left a deep impression on my mind, that it possessed considerable, though temporary, power in immediately restraining the alvine discharges, and was just the adjuvant that was wanted to render the calomel treatment effectual.

These were the views, practically derived, which I held when, in 1838, this town was again visited by cholera; but this time there were no funds, save a scanty amount of subscriptions, and small proportionate advance from the government,—so there was no cholera hospital, and no alternative but to visit and treat the patients at their own houses; the medical men volunteered their services, and the half of the town which fell to my lot happened to be the exclusive seat of the pestilence. This second visitation prevailed for about five weeks, and during that time over 300 cases occurred and came under my care. In all of these patients the disease was well marked, with the dejections of the rice-water character, and with the various other peculiar symptoms of Asiatic cholera. Its mortality was not even absent where medical aid was unsought; for in the first six cases, which occurred simultaneously, the disease ran into collapse before the alarm was raised and medical assistance obtained, and of these four died; yet, excluding these four, the mortality of the whole 300 cases was only fifteen deaths, just five per cent.,—a low rate for even common continued fever. Such was the success of the mode of treatment I am about to describe.

From the very onset, and in the first case that presented itself, that treatment consisted in the carrying out of the views I have already stated. I combined the employment of calomel, for the purpose of expelling the poison from the system, with the administration of the compound sulphate injection above described,



for the purpose of restraining the discharges until the calomel should have time to act; and I proceeded thus:—When a patient passing dejections resembling rice-water presented himself, I at once placed on his tongue five grains of calomel, and gave thirty drops of tincture of opium(*a*), and then, without a moment's delay, a nursetender, who accompanied me, threw a wine-glassful of the compound sulphate enema solution into the rectum; generally the injection was immediately returned, with a large discharge of watery liquid, the contents of the rectum. The nurse then, being instructed, without a moment's delay threw up a second similar injection, which was, in most cases, retained by an effort of the patient's for a few minutes, and then came away, accompanied by a few ounces of the watery discharge. The nurse, then, instantly again repeated the injection, which being, within a few minutes, returned without any addition, she ceased to throw up any more.

At my next visit, I was in most cases met with the complaint, that the patient was extremely bad, "worse and worse," "going (or rather running) to the vessel every minute;" but, on further inquiry, this running to the vessel always turned out to be nothing more than a troublesome tenesmus. The watery discharge was completely arrested, and the patient was not passing a particle of even liquid feculent matter. He was told that this state was what was desired, and was encouraged to bear with it.

The tenesmus generally continued for a few hours, and then gradually abated, and in the great majority of cases there was no return of the watery discharge; while, at the end of every four hours, five grains of calomel were regularly placed on the tongue, until after three or four, or perhaps six or eight, such doses, the patient had a semi-consistent, dark-green or black biliary motion, followed by others of a similar nature. These stools presenting no curdy appearance, as of a watery liquid separating from a thicker biliary matter, left no doubt that the cholera state was at an end. The calomel was then discontinued, whether the gums had become sore or not, and thenceforward, under the usual management, every such case in this visitation of the epidemic did well.

Most frequently no attention was paid to the tenesmus to abate it; for, as I have said, it was regarded as a favourable state; but sometimes the suffering of the patient from that cause would be very distressing. Then, after a reasonable delay, that it might not be abated too soon, a starch enema with laudanum was administered, and always produced relief.

In some cases, the tenesmus and arrest of the watery discharge immediately followed the first injection, and no second one was required.

(*a*) The tincture of opium was not afterwards repeated.

It often happened that after two or three, or more hours, the tenesmus would go off, and there would then be a watery motion, when immediately a compound sulphate injection would be again thrown up, and from time to time repeated instantly, as often as there was any return of the watery character; but this repetition was hardly ever required more than three or four times.

It sometimes occurred that the compound sulphate injection produced no tenesmus, and yet was followed by complete arrest of the cholera discharge; and there were instances in which the injection, even the first, was retained in the rectum. In these latter cases, after waiting from half an hour to an hour, I caused, lest any harm should arise from absorption of the copper, a large enema of warm water to be given. This always cleared out the bowel, and the case went on well.

There was no case wherein the compound injection did not effectually restrain the discharge, so as to afford time for affecting the system by moderate doses of calomel; and those deaths which did occur could not fairly be charged to a failure of these means. Thus, one old man, as soon as he was relieved from the cramps, on the abatement of the purging, refused to submit to further treatment; the cramps returned, he again submitted to treatment, and, when relieved, again refused, and so on, submitting and objecting, till he perished. He fell a victim rather to his own folly than to the disease. A woman who was most assiduous in her applications for medical attention to her children, being herself seized with the disease, through some infatuation concealed it till collapse set in. They recovered; she died. A child was attacked, and, remaining quietly in bed, the mother reported it to be well, but all the time it was passing profuse cholera discharges, till at length, its system being exhausted, it died. In similar ways almost all the deaths occurred; and in no instance, where the mode of treatment now proposed was had recourse to while pulsation was perceptible at the wrist, and was fairly carried out, did the patient sink.

In this success, no doubt, much is due to the treatment of the patients at their own homes, because it insured the seeing them early in the disease, and the administration of the injections before any great mischief had resulted from the discharges.

In the treatment of cholera two indications of paramount importance should be kept steadily in view, namely, to restrain the alvine discharge, and to get the system under the influence of mercury. From these the attention should not be unduly directed by the demand for subsidiary means of relieving particular symptoms, as cramps, vomiting, coldness of the surface, &c.

The cramps are preceded by and are dependent on the alvine discharge. If the disease has not proceeded too far, if the patient has not fallen into a state of collapse, the arrest of the discharge will almost always at once put an end to the cramps. Should



the cramps (the system not being wholly drained of its vital fluids) still continue, they will readily yield to a dose of opium and camphor; but it is doubtful whether, while the discharge continues, any means which have ever been employed are of the least avail in preventing them. Friction with liniments will, perhaps, have the effect of relaxing a particular cramp; but it will quickly return in the same or some other muscle.

As for the vomiting, it is undoubtedly productive of salutary effects; it determines the blood to the surface from the internal organs; it revives the circulation in the extremities, when the action of the heart is unequal to the task; and it powerfully assists in maintaining the animal temperature: it is, therefore (unless when, inordinately protracted, it fails to rouse the system, or in mild cases, where its aid is not needed), not to be interfered with. I well remember a case that occurred in 1832. A lad came into the cholera hospital as a patient. He had profuse watery discharges from the bowels, cramps, and incessant vomiting. He refused all medicine, and could not be prevailed on to take anything else than cold water. His thirst was inordinate, and he drank the water in large quantities, but it was no sooner down than it was up again. He would one moment appear to be running fast into collapse, the pulse failing, and the extremities becoming cold; but the next moment a fit of vomiting would come on, and with it a restoration of the circulation, and a glow of heat pervading all the members. He ultimately recovered.

In the visitation of cholera with which this town was afflicted in 1838, no means were employed to arrest the vomiting, except where it continued after the purging and all danger of collapse had ceased. In some of these latter cases it resisted for one or two days every means employed to allay it, and the patients had to be supported by nutritive injections of beef-tea, with, in some instances, the addition of a small quantity of whiskey; and it was most remarkable the rapidity with which these injections were absorbed into the system. They were never rejected, though as much as a pint was usually given every four or five hours.

There is an affection which was sometimes met in both cholera years, and which I believe has been generally regarded as fatal in its result. This is a discharge of pure blood, or bloody watery liquid, from the rectum; but it may be easily and effectually restrained by injections of solution of alum. Each injection should consist of three drachms of alum dissolved in half a pint of cold water. As fast as one injection comes away, while there is any appearance of blood, another must instantaneously be given. The nurse should be supplied with two or three pints of the solution, and the necessity impressed upon her of carefully watching the patient, and instantly administering an injection as soon and as often as it may be required. When the sanguineous discharge is thus suppressed, it seldom returns; but if it should, recourse

must again be had to the alum injections. I have never known them to fail in stopping the discharge, and, when given in time, saving the patient.

In the bilious or feculent diarrhœa which so frequently occurs as a precursor and concomitant of cholera, I have not employed the compound sulphate injection. In these cases I have been content with using the remedies usually recommended; but the moment the stools assumed the rice-water character, I at once had recourse to the injection.

In employing this injection, it will not do to direct it to be given at prescribed intervals. It must be fearlessly and steadily repeated instantly after every motion exhibiting the watery character, no matter how numerous or frequent may be the calls for it. It is on this its success depends, and if there be neglect of observing this, nothing but failure of this powerful remedy in the hands of those who may so negligently employ it is to be expected.

In visiting the patients at their houses during the second epidemic, I had the assistance of Mr. O'Hanlon, a respectable apothecary of this town, who was very conversant with cholera, and who always accompanied me and witnessed the result of the treatment.

It should always be an injunction to the patient to retain the injection for a few minutes if possible. When given to children, it was always diluted with an equal proportion of water.

THE END.



